

INHALED STEROIDS PA SUMMARY

PREFERRED	Advair Diskus, Advair HFA, Asmanex, Azmacort, Flovent HFA, Pulmicort Respules, QVAR, All Generic Products.
NON-PREFERRED	AeroBID, AeroBID-M, Pulmicort Turbuhaler/Flexhaler, All Branded versions of generic equivalents.

LENGTH OF AUTHORIZATION: 1 YEAR

PA CRITERIA:

- ❖ Use of 2 different preferred agents in claims history in the past 180 days
- OR:
- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to the preferred products.

EXCEPTIONS:

- ❖ Pulmicort Turbuhaler/Flexhaler approval is available for pregnant women not currently controlled on other asthma medications.
- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.gbp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.gbp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.